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Katie E. Johnson	(Depositor's name)
Katil G. Annegas	(Signature)
March 15,02007	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR '	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/536,489	05/25/2005	Gunther Hofmann	HO-P03171US0	6889
TITLE OF INVENTION: D	EVICE FOR THE PRODUC	TION OF TRANSVERSELY RIBBED PIPES	•	
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APPLN. TYPE SMALL ENTITY **ISSUE FEE DUE** PUBLICATION FEE DUE PREV. PAID ISSUE FEE **TOTAL FEE(S) DUE** DATE DUE nonprovisional NO \$1400 \$300 \$0 \$1700 04/19/2007 **EXAMINER** ART UNIT **CLASS-SUBCLASS** LEYSON, JOSEPH S 425-336000 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, ¡Fulbright & Jaworski LIP Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. ₂Jan K. Simpson ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Unicor GmbH Rahn Plastmaschinen Germany Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🛂 Corporation or other private group entity 🔲 Government la. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) Issue Fee A check is enclosed. Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 06-2375 (enclose an extra copy of this form). Advance Order - # of Copies i. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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